



State of Rhode Island and Providence Plantations

APPLICATION FOR

COURT APPOINTMENT CERTIFICATION

Attorneys seeking certification to panels for fee generating appointments must submit this application to the Chief Judge of the court of appointment. The information provided must demonstrate that the attorney has the required level of experience to qualify for appointment in the type(s) of case(s) indicated.

A separate application must be submitted for each panel, unless the qualifications for the panels are overlapping.

Attorney ID#: _____ Attorney Name: _____

Address: _____ Phone No: _____

If payments will be made to your firm, complete the following:

Firm Name: _____ Firm FIN: _____

COURT OF APPOINTMENT AND LOCATION: Indicate the court to which you are forwarding this application and the location(s) where you are willing to receive appointments.

COURT:

☐ Supreme ☐ Superior ☐ District ☐ Family ☐ Workers' Compensation

COURT LOCATION:

☐ Providence/Sixth ☐ Kent/Third ☐ Newport/Second ☐ Washington/Fourth

FOREIGN LANGUAGE FLUENCY: If you are fluent in a foreign language, check the appropriate box below.

☐ Spanish ☐ Portuguese ☐ Asian/Pacific ☐ Other _____

PANELS: Check the case panel for which you are seeking certification.

<u>Supreme</u>	<u>Superior</u>	<u>Family</u>	<u>District</u>	<u>Workers'Comp</u>
<input type="checkbox"/> Criminal Appeals	<input type="checkbox"/> Misdemeanor Appeals	<input type="checkbox"/> Wayward	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Pro Se
	<input type="checkbox"/> Class 2 Felonies	<input type="checkbox"/> Delinquency	<input type="checkbox"/> Fines/Costs	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Class 1 Felonies	<input type="checkbox"/> Dependency	Restitution	
	<input type="checkbox"/> Murder Cases	<input type="checkbox"/> Neglect/Abuse		
	<input type="checkbox"/> Guardian/Personal Injury	<input type="checkbox"/> Termination		
	<input type="checkbox"/> Guardian/Probate	<input type="checkbox"/> Parental Rights		
	<input type="checkbox"/> Commissioner for Real Estate	<input type="checkbox"/> Waiver/Certification/Jury Trials		
	<input type="checkbox"/> Receiver/Trustee	<input type="checkbox"/> Guardian		
	<input type="checkbox"/> Title Attorney	<input type="checkbox"/> Commissioner for Real Estate		
	<input type="checkbox"/> Guardian/Tax/Title	<input type="checkbox"/> Child/Spousal Support		
	<input type="checkbox"/> Soldiers/Sailors Act	<input type="checkbox"/> Adult Criminal		
	<input type="checkbox"/> Fines/Costs/Restitution			

APPLICATION APPROVED:

Signature of Chief Judge

Date

GENERAL REQUIREMENTS:

Certify that you continue to meet each of the following requirements for appointment by writing your initials in the blank and providing any other information required.

- 1. I am a member of the Rhode Island Bar in good standing. _____ **(initial)** Years as a member: _____
- 2. I have legal malpractice insurance in a minimum amount of \$100,000 per claim/\$300,000 aggregate with a Rhode Island licensed carrier. _____ **(initial)** A copy of the **policy declaration sheet** from your current professional liability policy **must** be attached.

Name of Carrier: _____

- 3. When appointed in cases which involve the handling and managing of funds, I will acquire bonding by a surety bond in an amount equal to the total funds being managed: _____ **(initial)**
- 4. I will serve as a mentor for attorneys seeking to qualify for court appointment: _____ **(initial)**

Attorneys may be removed from a panel if they refuse to accept an appointment without good cause shown.

CONTINUING LEGAL EDUCATION:

List the CLE courses and credit hours that you have taken in the last year that are required for the panel to which you are seeking appointment. Total hours required: _____.

- 1. _____ **Credit hours:** _____
- 2. _____ **Credit hours:** _____
- 3. _____ **Credit hours:** _____
- 4. _____ **Credit hours:** _____
- 5. _____ **Credit hours:** _____

Total Hours Completed: _____

EXPERIENCE: Circle the appropriate categories and then provide the information required.

- 1. The following are cases/trials/jury trials that I have handled as lead counsel/associate counsel to completion/verdict. These meet the requirements for appointment to the panel I have indicated.

<u>Case Number</u>	<u>Case/Defendant Name</u>	<u>Court</u>	<u>Case Type/Charge</u>	<u>Disposition</u>	<u>Mentor Name</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

OTHER RELEVANT EXPERIENCE: Please describe other experience you have had that qualifies you for appointment to the panel you have indicated. Attorneys applying for appointment in categories where required prior experience is not quantified must describe their practice sufficiently to demonstrate their competence.

AFFIDAVIT: _____ being first duly sworn deposes and says that the information in this application is true.

Signature of Applicant _____

Sworn to before me and subscribed in my presence this _____ day of _____ 19____